

INTAKE INFORMATION

Client's Name _____ Date _____

Address _____ Home Phone () _____

_____ Work Phone () _____

Birth Date _____ Age _____ Occupation _____

Education _____ Referral Source _____

Marital History _____ Religion _____

Family (please circle the appropriate reference, If client is an adult fill in below only for your spouse)

Husband / Father Name _____ Wife / Mother Name _____

Birth Date _____ Age _____ Birth Date _____ Age _____

Marital History _____ Marital History _____

Education _____ Occupation _____ Education _____ Occupation _____

Address _____ Address _____

Home Phone () _____ Home Phone () _____

Work Phone () _____ Work Phone () _____

Others in Household

<u>Name</u>	<u>Relationship</u>	<u>Age</u>	<u>Birth Date</u>	<u>Education</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OVER



Briefly State Your Current Problem:**Health Information:**

Name of personal physician _____

Current Medical Problems: _____

Are these problems being treated? _____

Please list any medication currently being taken and dosage: _____

Have you seen a counselor, psychologist, or psychiatrist before? _____ If yes, who & when: _____

Have you ever been hospitalized for an emotional or drug / alcohol problem? _____ If yes, where & When: _____

Chemical Use History

Yes

No

Do you use Alcohol or Drugs? ☐☐Do you sometimes drink more than you had planned? ☐☐Have family or friends ever expressed concern about your use of alcohol? ☐☐Have you ever been arrested for alcohol related charges (e.g., DUI, public intoxication)? ☐☐Have you ever had episodes where you were unable to remember periods when you were drinking? ☐☐Have family or friends ever expressed concern over your use of drugs? ☐☐Have you ever been arrested for any offense involving drugs? ☐☐Have you ever been treated for drug abuse? ☐☐Have you ever overdosed on drugs accidentally? ☐☐Have you ever purposely overdosed on drugs? ☐☐Have any members of your family had problems with drugs or alcohol? ☐☐**Risk Factors**

Yes No

Do you know anyone who has ever attempted suicide? ☐☐Have you, in the last year, ever considered suicide? ☐☐Have you ever attempted suicide? ☐☐Have your personal problems affected your job or school performance? ☐☐

If yes, how? _____

Have you ever been exposed to serious Trauma? ☐☐

If yes, how? _____

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Adult Checklist of Concerns

Name: _____ Date: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under "Any other concerns or issues." You may add a note or details in the space next to the concerns checked. (For a child, mark any of these and then complete the "Child Checklist of Characteristics.")

- ☐ I have no problem or concern bringing me here
- ☐ Abuse—physical, sexual, emotional, neglect (of children or elderly), cruelty to animals
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Career concerns, goals, and choices
- ☐ Childhood issues (your own childhood)
- ☐ Children, child management, child care, parenting
- ☐ Codependence
- ☐ Confusion
- ☐ Compulsions
- ☐ Custody of children
- ☐ Decision making, indecision, mixed feelings, putting off decisions
- ☐ Delusions (false ideas)
- ☐ Dependence
- ☐ Depression, low mood, sadness, crying
- ☐ Divorce, separation
- ☐ Drug use—prescription medications, over-the-counter medications, street drugs
- ☐ Eating problems—overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- ☐ Emptiness
- ☐ Failure
- ☐ Fatigue, tiredness, low energy
- ☐ Fears, phobias
- ☐ Financial or money troubles, debt, impulsive spending, low income
- ☐ Friendships
- ☐ Gambling
- ☐ Grieving, mourning, deaths, losses, divorce
- ☐ Guilt
- ☐ Headaches, other kinds of pains

(cont.)

Adult Checklist of Concerns (p. 2 of 2)

- ☐ Health, illness, medical concerns, physical problems
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsiveness, loss of control, outbursts
- ☐ Irresponsibility
- ☐ Judgment problems, risk taking
- ☐ Legal matters, charges, suits
- ☐ Loneliness
- ☐ Marital conflict, distance/coldness, infidelity/affairs, remarriage
- ☐ Memory problems
- ☐ Menstrual problems, PMS, menopause
- ☐ Mood swings
- ☐ Motivation, laziness
- ☐ Nervousness, tension
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Oversensitivity to rejection
- ☐ Panic or anxiety attacks
- ☐ Perfectionism
- ☐ Pessimism
- ☐ Procrastination, work inhibitions, laziness
- ☐ Relationship problems
- ☐ School problems (see also "Career concerns . . .")
- ☐ Self-centeredness
- ☐ Self-esteem
- ☐ Self-neglect, poor self-care
- ☐ Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- ☐ Shyness, oversensitivity to criticism
- ☐ Sleep problems—too much, too little, insomnia, nightmares
- ☐ Smoking and tobacco use
- ☐ Stress, relaxation, stress management, stress disorders, tension
- ☐ Suspiciousness
- ☐ Suicidal thoughts
- ☐ Temper problems, self-control, low frustration tolerance
- ☐ Thought disorganization and confusion
- ☐ Threats, violence
- ☐ Weight and diet issues
- ☐ Withdrawal, isolating
- ☐ Work problems, employment, workaholism/overworking, can't keep a job

Any other concerns or issues:

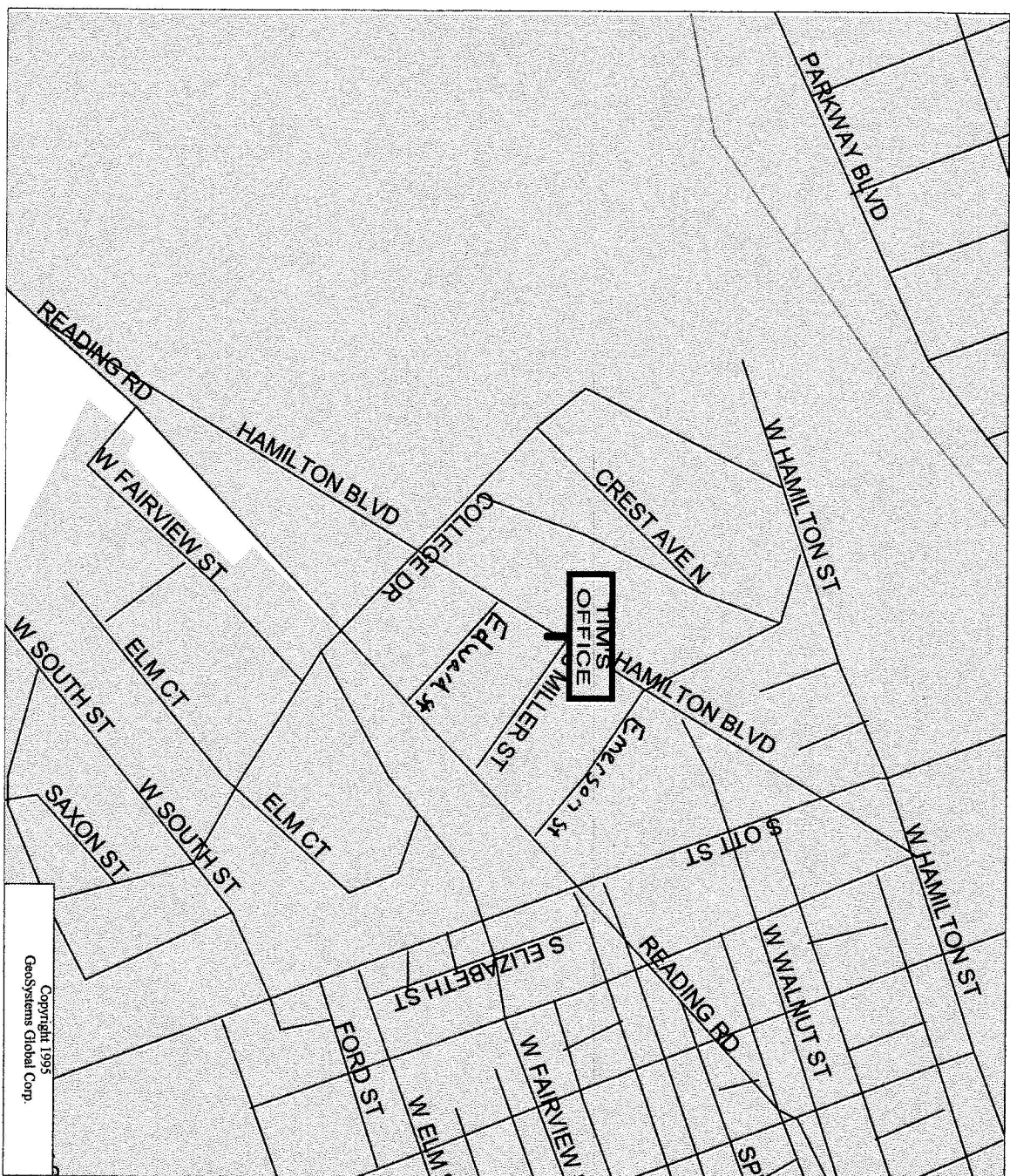
☐ _____

☐ _____

Please look back over the concerns you have checked off and choose the one that you most want help with. It is:

This is a strictly confidential patient medical record. Redislosure or transfer is expressly prohibited by law.

S.W. corner of Hamilton & Miller Sts.



Please
Park
on
Miller St.

Primary Road
Secondary Road
Minor Road
Park
Water
Built Up Area

Compton's Complete Street Guide

This is a black and white street map of Cedar Rapids, Iowa. The map shows a dense network of streets, including major thoroughfares like I-80 running horizontally across the middle and US-22 running vertically along the right side. Other roads shown include US-9, US-29, and US-309. Numerous neighborhood names are labeled, such as Krossville, Westwood Heights, Minnette, Dorneyville, and Eckert. Key locations marked include Cedar Creek Park, Cedarbrook County Home, and the Cedar Rapids Public Library. A specific area, located south of I-80 and east of US-29, is shaded in dark gray. This shaded area appears to be a large lot or parkway situated between several residential streets. The map also includes labels for local businesses and services, such as 'TIM'S OFFICE' and 'Cedar Creek'. The overall layout provides a comprehensive view of the city's infrastructure and geography.

Secondary Road

Park

Built Up Area

Compton's Complete Street Guide